2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 461319 1. Entity Name

VANCE & DONEY, P.A.

Principal Place of Business

Mailing Address

1615 FORUM PLACE

1615 FORUM PLACE

Feb 26, 2000 8:00 am Secretary of State 02-26-2000 90058 026 ***158.75

Principal Place of Business Suite. Apt. #, etc.	3. Mailing Address	WEST PALM BEACH FL 33401-2315 3. Mailing Address		1 (49)() BIBIO BIIDI ((400))(0) (10)& 10)(0(4)(HARRI BIBIL BYBY BIB	IS eie is i ee i
Suite, Apt. #, etc.						
Suite, Apt. #, etc. Suite, Apt. #, etc.				DO NOT WRITE IN THI	S SPACE	
Suite 4C Suite 4C					1 1.	-101 E
City & State	City & State		4.	FEI Number 59-1554374	<u> </u>	oplied For ot Applicable
Zip Country	Zip	Country	5.	Certificate of Status Desired	\$8.75 Add Fee Require	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent			
VANCE, JAMES W. 1615 FORUM PLACE STE. 200 WEST PALM BEACH FL 33401		Street Ad	ddress (P.O. B	Doney On Number is Not Acceptable) The Place, Suite 4C Beach	L Zip Cod	e 01
8. The above named entity submit this statement of registered at Signature, typed or printed name of registered at 9. This corporation is eligible to satisfy its Intans	agent and title if applicable. (NOTE	registered office or Registered Agent signatu	registered ag	gent, or both, in the State of Florida	2/00	0 May Be
Tax filing requirement and elects to do so. (See criteria on back)		After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of Sta		Trust Fund Contribution.	Added	to Fees
	AND DIRECTORS	12.		ODITIONS/CHANGES TO OFFICERS A		
TITLE PD VANCE, JAMES W. STREET ADDRESS 1615 FORUM PLACE, STE20 WEST PALM BEACH FL	∑X Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1615	y, William P. Forum Place, Suite Palm Beach, Fl. 334	□X Change	Addition
TITLE SD NAME DONEY, WILLIAM P. STREET ADDRESS CITY-ST-ZIP WEST PALM BEACH FL	□X Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MacG	ibbon, B. Douglas Forum Place, Suite Palm Beach, Fl. 33	X Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	□ Delete	NAME STREET ADDRESS CITY-ST-ZIP			☐ Change —	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP 13. I hereby certify that the information supplied indicated on this report or supplemental rep	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition

nowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if with all other like ampowered. of the corporation or the receiver or trustee empowers changed, or on an attachment with an address, with a

SIGNATURE:

MAME OF SIGNING OFFICER OR DIRECTOR